Work Instruction
for
Screening and Referral of patients with Mental Disorder
in
Health and Wellness Centre

Prepared by: Signature & Date	Name of the Health Facility:	Doc No: Version No: Effective Date:

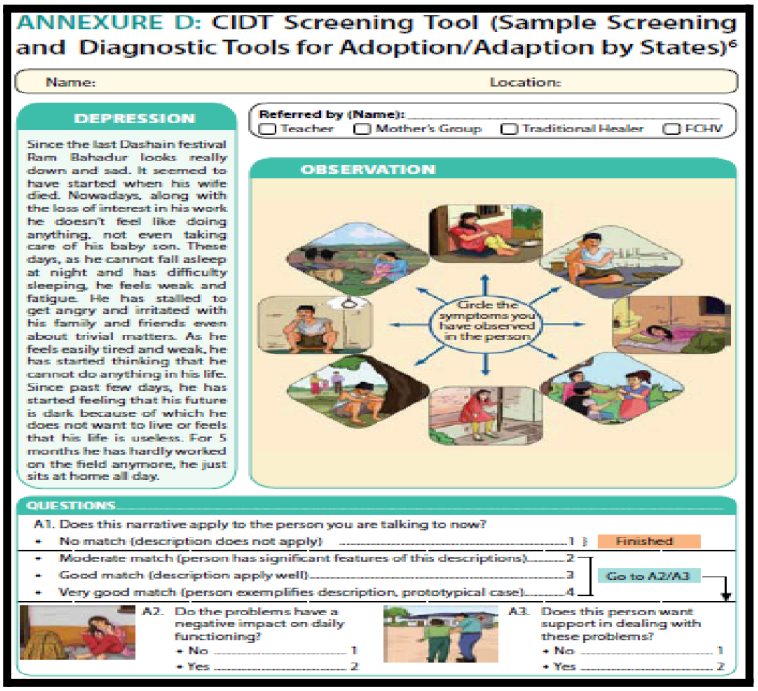
Screening and Referral of patients with Mental Disorder

Purpose: Overall purpose of this work instruction is to ensure screening and appropriate referral of individuals with potential MNS (Mental, Neurological and Substance abuse) conditions in the catchment area of the Health and Wellness Centre

Scope: It applies to the Health and Wellness team which includes (ASHA, ANM and CHO). It includes role of ASHA, ANM and CHO in completing the standard process screening, management and referral of the patients at higher center for timely and correct intervention.

Procedure:

Sl.	Activity/Description	
1.	**Activities to be performed at community level**	
1.1	The Front-line workers – ASHA/ASHA Facilitators, Multi-Purpose Workers (MPW-F/M, Community Health Workers (CHW), where available, would provide care via community platforms.	
	1.1.1	• Awareness programmes about mental health conditions and stigma reduction generally – Targeted IEC and community mobilization for preventive and promotive messages. • Stigma reduction activities at the group level. • Providing information on services available at different platforms of care. • General symptoms of common mental disorders and suicide ideation. • Awareness and advocacy about societal problems that act as risk factors for mental health conditions such as: gender-based violence (domestic violence, sexual violence etc.), child abuse (emotional, physical or sexual abuse), substance dependence etc.
	1.1.2	• Healthy lifestyle tips e.g. balanced diet, exercise, sleep hygiene and stress management.
	1.1.3	• Case detection for MNS disorders using CIDT tool (by CHO/MPW/AF) and/or other checklist(s) as applicable, in the community and referral to HWC for screening and management.

		1.1.4	• Patient Health Questionnaires 2 (PHQ 2) to be included in the CBAC form for early identification of depression at the community level.
		1.1.5	• Improving psychosocial competencies at individual and family level e.g. through basic psychoeducation, psychological first aid, basic suicide risk assessment/management.
		1.1.6	• Follow up in the community and providing treatment adherence support, where applicable.
	1.2	**TOOLS TO BE USED IN COMMUNITY** **COMMUNITY INFORMANT DETECTION TOOL (CIDT)** 	

ANNEXURE D: CIDT Screening Tool (Sample Screening and Diagnostic Tools for Adoption/Adaption by States)[6]

Name: Location:

DEPRESSION

Since the last Dashain festival Ram Bahadur looks really down and sad. It seemed to have started when his wife died. Nowadays, along with the loss of interest in his work he doesn't feel like doing anything, not even taking care of his baby son. These days, as he cannot fall asleep at night and has difficulty sleeping, he feels weak and fatigue. He has stalled to get angry and irritated with his family and friends even about trivial matters. As he feels easily tired and weak, he has started thinking that he cannot do anything in his life. Since past few days, he has started feeling that his future is dark because of which he does not want to live or feels that his life is useless. For 5 months he has hardly worked on the field anymore, he just sits at home all day.

Referred by (Name): ____
☐ Teacher ☐ Mother's Group ☐ Traditional Healer ☐ FCHV

OBSERVATION

Circle the symptoms you have observed in the person

QUESTIONS

A1. Does this narrative apply to the person you are talking to now?
- No match (description does not apply) ..... 1 } Finished
- Moderate match (person has significant features of this descriptions) 2
- Good match (description apply well) ..... 3 } Go to A2/A3
- Very good match (person exemplifies description, prototypical case) 4

A2. Do the problems have a negative impact on daily functioning?
- No 1
- Yes 2

A3. Does this person want support in dealing with these problems?
- No 1
- Yes 2

PSYCHOSIS

Since a few months, some changes can be seen in Prakash's behavior. He thinks of himself as a very powerful and superior being. He tells everyone that he can do things that others cannot do. He keeps talking weird things and monotonously and during such times, even if his family members or neighbors ask him to stop, he doesn't stop. He says that while he is sitting alone or when there is no one around him, he hears voices that are talking or calling to him. He has slowly stopped showing interest in the household and community activities that he is supposed to do. Due to such behavior, he had to stop the work he was doing. Often he just wanders around the town, not washed and looking very dirty. Prakash seems like a different person now.

Referred by (Name): _____
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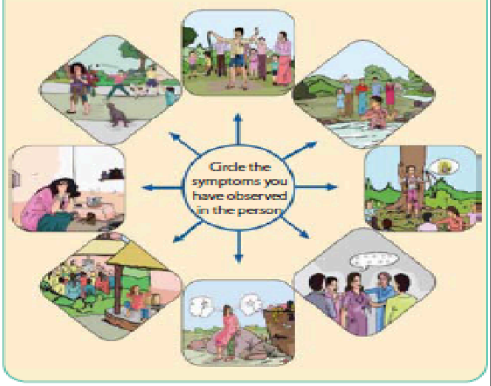
OBSERVATION



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EPILEPSY

One day when Rita was helping her mother in the kitchen, she suddenly got fits and fell off on the floor. Her whole body started to tremble. Since then this happens once in a while. In the same way, her body/ limbs starts making jerky movements and her mouth gets frothy and sometimes small blood drops starts coming out from her mouth. In few minutes, everything stops and she opens her eyes and feels tired so she sleeps for a very long time. After she wakes up, her mother asks her what had happened to her but in reply she says that she is completely unaware of what happened. She had this same problem three times last year. Once when she had fits, she urinated in her clothes. Because of her problem Rita finds it very difficult to go outside of her home.

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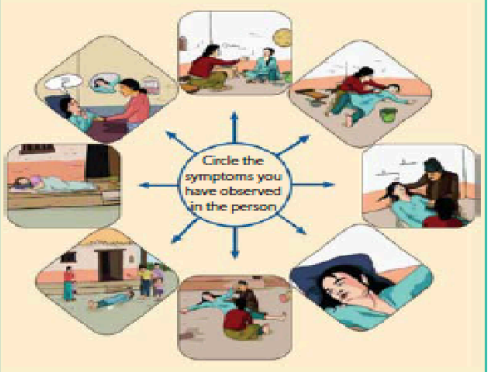
☐ Teacher ☐ Mother's Group ☐ Traditional Healer ☐ FCHV

OBSERVATION



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ALCOHOL USE DISORDER

Rajan drinks alcohol all the time, due to which, whenever someone goes near him, one can smell the strong stench of alcohol emanating from him. Because he always drinks alcohol, his speech is slurred and others find it very difficult to understand him. As he craves for alcohol everyday, he keeps consuming alcohol. After drinking alcohol, he speaks or does whatever he likes. Once he starts drinking alcohol, he cannot control himself and he always ends up drinking a lot. Due to heavy drinking, he has trembling limbs, sweats profusely, feels restless, and has increased palpitation. These days he no longer finds pleasure in activities he used to enjoy earlier, instead he has started to become engrossed in drinking alcohol. Due to such behavior, he is not able to complete his daily activities.

Referred by (Name): _____

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OBSERVATION

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BEHAVIORAL PROBLEM

Hari, an eleven year old boy currently studying in class five, is obstinate and does not obey his parents. He has always been a difficult boy. Not only does he vandalize his family's and neighbor's possessions, he also steals things and set fire to a barn before. He gets angry with his friends without any apparent reason, and is involved in physical fights with his peers. Often when he sees cattle, he chases them and beats them. He cannot concentrate on his studies and while going to school, he runs away and goes elsewhere. He often lies to his family and strolls around the village. At times he runs away and doesn't even return home at night or for a very long time. As a result of this, Hari is doing very badly in school and has no friends.

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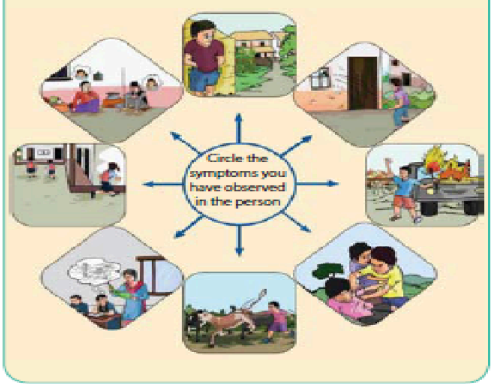

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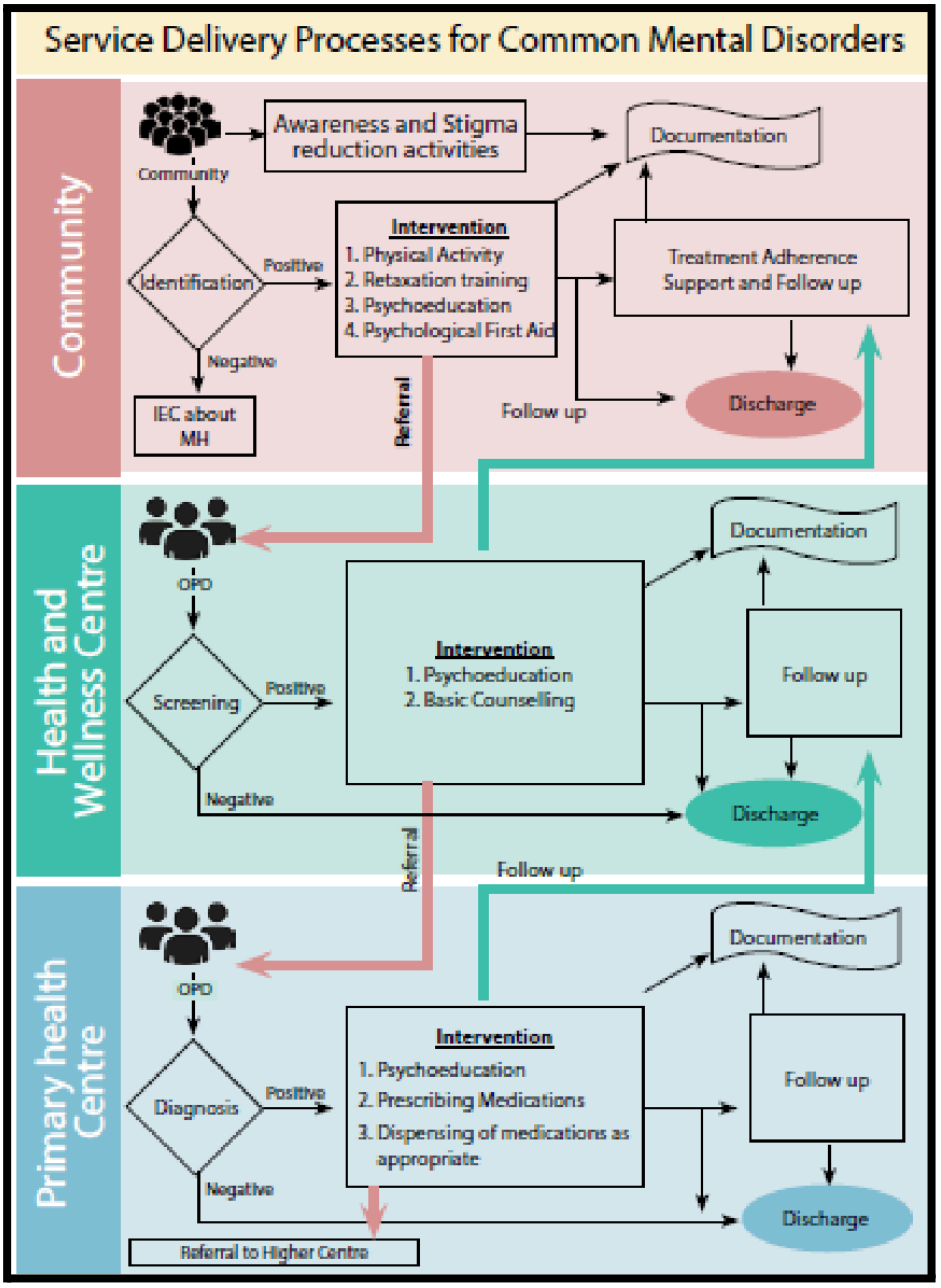
भाग D: PHQ 2

पिछले 2 हफ्तों में, आप कितनी बार निम्नलिखित समस्याओं से परेशान हुए		बिल्कुल नहीं	कई दिन	आधे से अधिक दिन	लगभग हर दिन
1.	काम करने में कम रुचि या आनंद	0	+1	+2	+3
2.	उदास या निराशाजनक लग रहा है?				
कुल स्कोर					

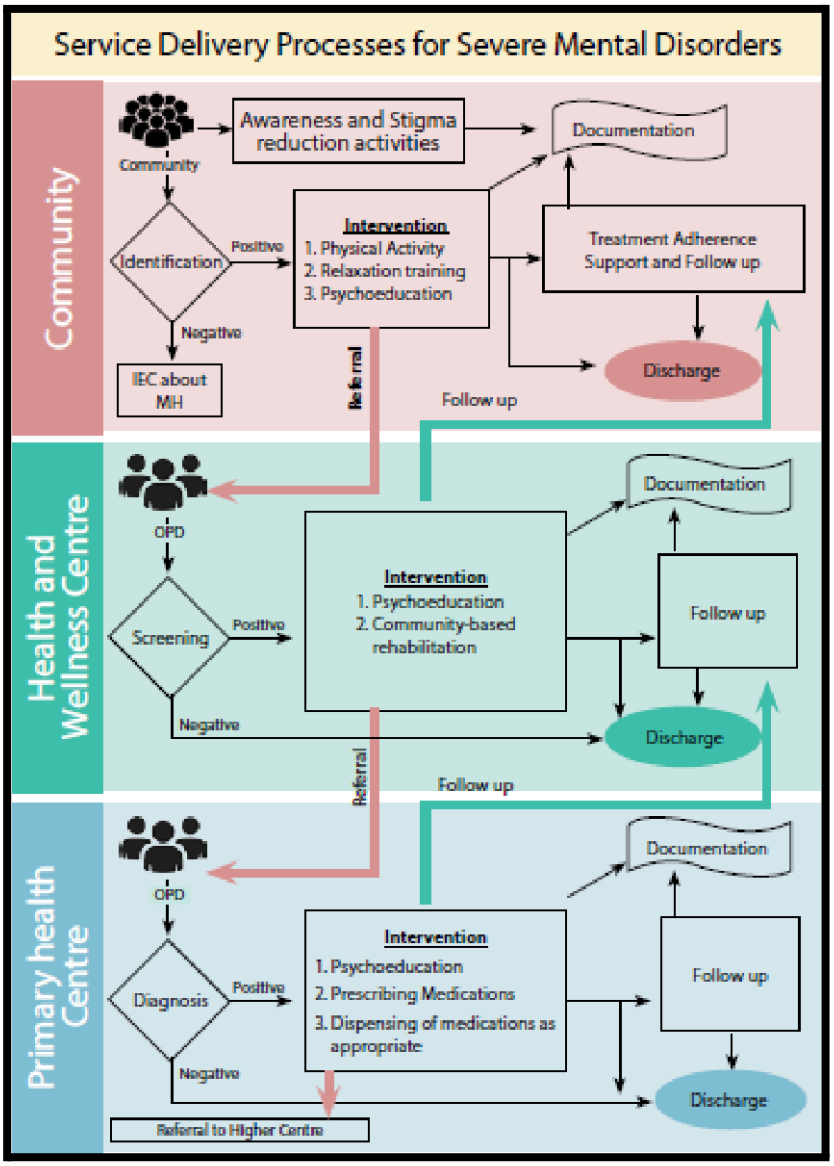
कोई भी जिसका टोटल 3 से अधिक हो उसे CHO/MO (PHC/UPHC) के पास रेफर करे

2.	**ACTIVITIES AT HEALTH AND WELLNESS CENTRE LEVEL**
2.1	Common Mental Disorder (CMD) Depression, Anxiety/Panic Disorders, Somatization/Psychosomatic Disorders Common Presentation: - ● Multiple persistent physical symptoms with no clear cause, pain in multiple body parts. ● Low energy, gets tired easily, sleep problems. ● Persistent sadness or depressed mood, anxiety. Loss of interest or pleasure in activities that are normally pleasurable. ● Excessive worrying about day to day activities. ● Difficulty in concentrating ● Crying spells ● Getting angry at frivolous reasons



2.2	Severe Mental Disorders (SMDs) Schizophrenia, Bipolar Disorder,Severe Depression Common Presentation: - • Marked behavioural changes. • Neglecting usual responsibilities related to work, school, domestic or social activities. • Reduced selfcare. • Smiling/ laughing to self. • Reduced interaction/ isolating oneself. • Agitated, aggressive behavior, decreasedor increased activity.	

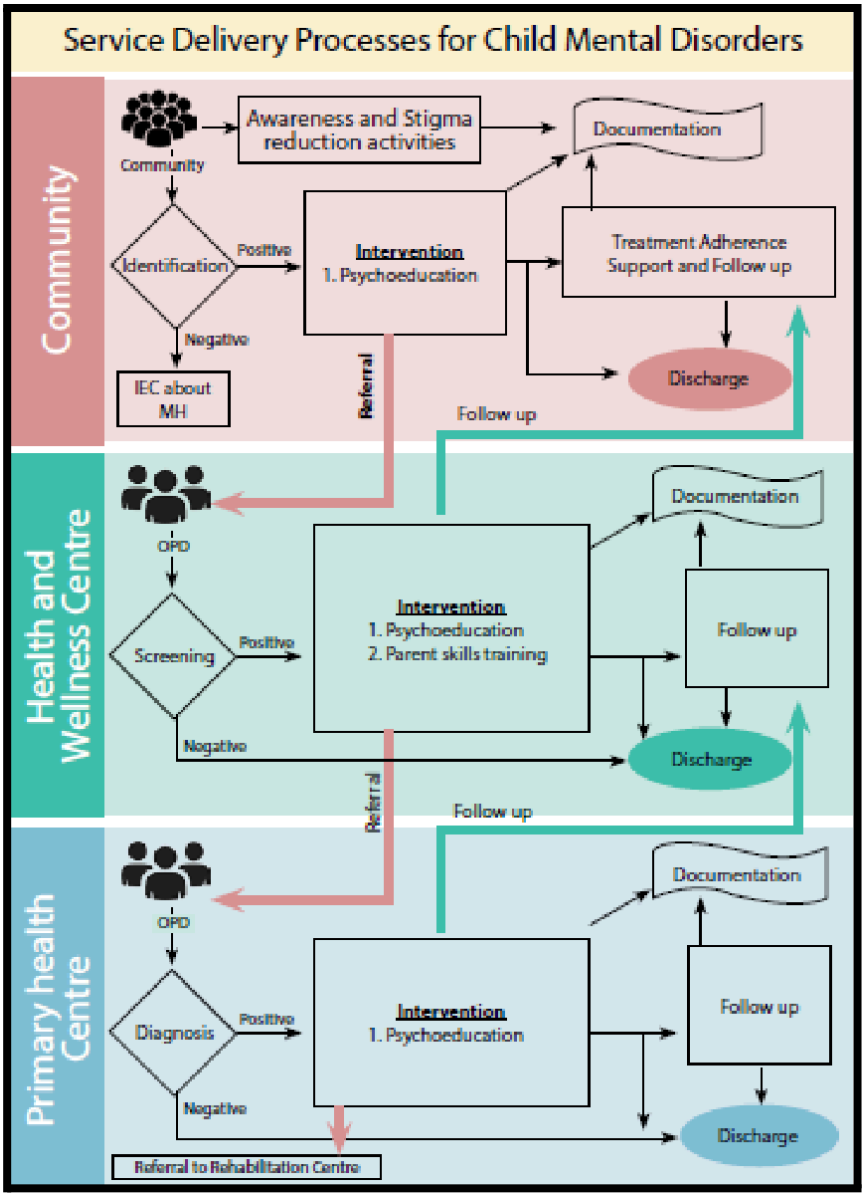
- Fixed false beliefs not shared by others in the person's culture.
- Hearing voices or seeing things that are not there.
- Lack of realization that one is having mental health problems.



2.3	Child and Adolescent Mental Health Disorders (C&AMHDs) Conduct Disorder, Attention Deficit Hyperactivity Disorder (ADHD), Oppositional Defiant Disorder Common Presentation: - • Problems with development, emotions or behavior (e.g. inattention, over-activity, or repeated defiant, dis obedient and aggressive behavior,	

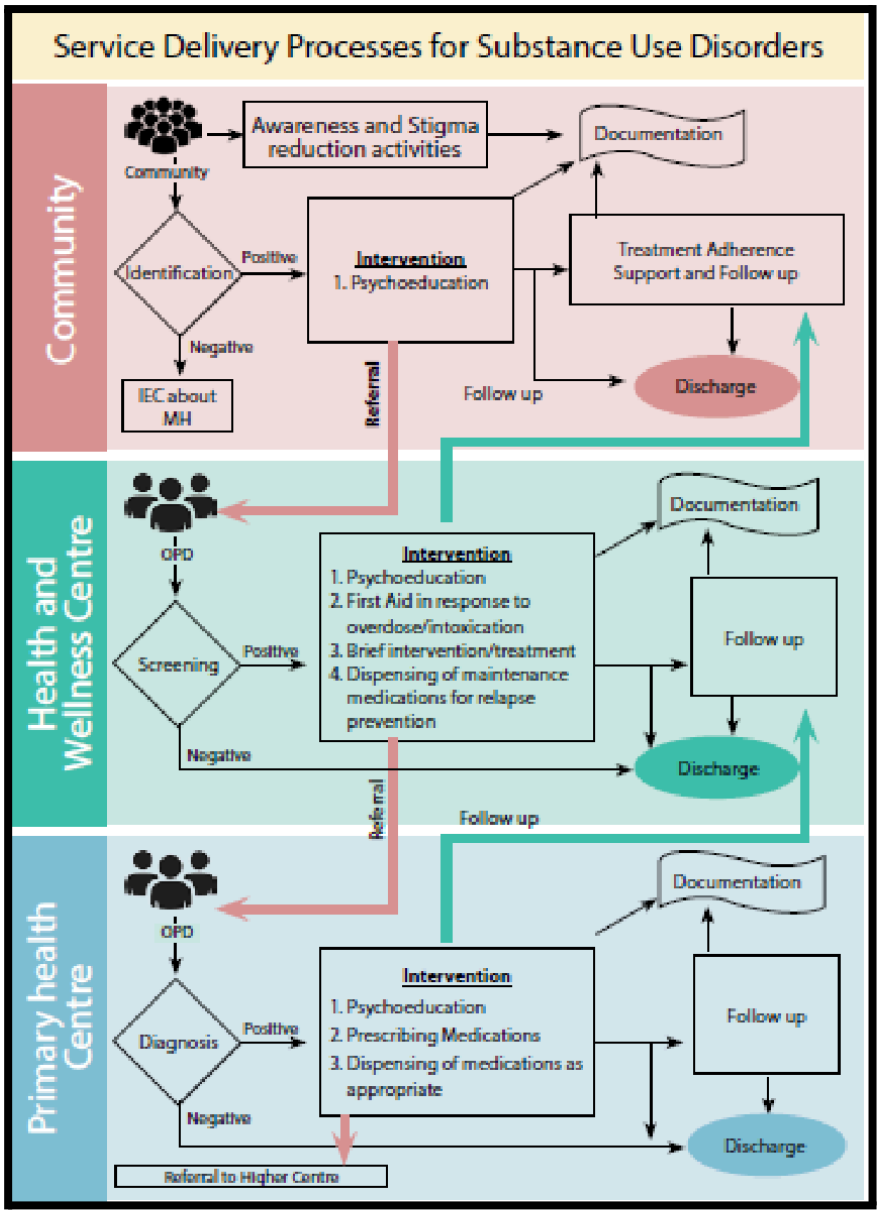
having frequent and/or severe tantrums, wanting to be alone too much, refusing to do regular activities or go to school).

- Difficulty keeping up with peers or carrying out daily activities considered normal for that particular age.
- Problems at school (e.g. easily distracted, disruptive in class, often getting into trouble, difficulty completing school work).
- Rule-or lawbreaking behavior, physical aggression at home or in the community.



2.4	Substance Use Disorder (SUDs) Tobacco, Alcohol and Drug Use Disorders Common Presentation: -

		• Appearing affected by alcohol or other substance (e.g. smell of alcohol, slurred speech, sedated, erratic behaviour). • Signs and symptoms of acute behavioural effects, withdrawal features or effects of prolonged use. • Deterioration of social functioning (i.e. difficulties at work or home, unkempt appearance). • Emergency presentation due to substance withdrawal, overdose, or intoxication. • Person may appear sedated, overstimulated, agitated, anxious or confused. • Other problems e.g. recurrent requests for psychoactive medications such as diazepam (Calmpose), injuries, and infections associated with intravenous drug use (HIV/AIDS, Hepatitis C)



2.5	Neurological Conditions: Epilepsy and Dementia (including Alzheimer's) • Screening and identification of seizures (indicating epilepsy) and dementia. Referrals to MO at PHC for clinical diagnosis of epilepsy and dementia for pharmacological intervention. • For Persons with Dementia (PWD) a comprehensive life plan should be developed and implemented, which would include – management of cognitive deficits including medication (once started by MO at PHC); strategies for preventing and managing behavioural and psychological symptoms, managing comorbidities, promoting general health and wellbeing, social engagement and quality of life; safety issues – driving,	

	work, risk of falls; legal planning and advance care directive. Psychosocial support for both PWD and their care givers/family members.
2.6	Patient Health Questionnaire (PHQ) 9 At the HWCs, CHOs would be administering Patient Health Questionnaire (PHQ) 9 and scoring the individuals for depression during the screening activity. Patients receiving interventions for MNS conditions would be provided with regular follow up and tracked for improvement in their PHQ 9 score.
2.7	Dispensing the already prescribed medications against prescriptions of the MO or psychiatrist at DH/MC.

Patient Health Questionnaire (PHQ-9)

Patient name:_____ Date:_____

1. Over the last 2 weeks, how often have you been bothered by any of the following problems?

	Not at all (0)	Several days (1)	More than half the days (2)	Nearly every day (3)
a. Little interest or pleasure in doing things	❒	❒	❒	❒
b. Feeling down, depressed, or hopeless	❒	❒	❒	❒
c. Trouble falling/staying asleep, sleeping too much	❒	❒	❒	❒
d. Feeling tired or having little energy	❒	❒	❒	❒
e. Poor appetite or overeating	❒	❒	❒	❒
f. Feeling bad about your self, or that you are a failure, or have let yourself or your family down	❒	❒	❒	❒
g. Trouble concentrating on things, such as reading the newspaper or watching TV	❒	❒	❒	❒
h. Moving or speaking so slowly that other people could have noticed Or the opposite; being so fidgety or restless that you have been moving around more than usual	❒	❒	❒	❒
i. Thoughts that you would be better off dead or of hurting yourself in someway	❒	❒	❒	❒